

their practice to the altered circumstances and views which now prevail as we do ourselves. Has our own practice undergone no change? Do we still adhere to the teachings of half a century ago? If not, are we entitled to put on the mantle of infallibility, and to condemn all systems but our own as irrational and unscientific?

What is rational medicine? Is it that which was in vogue fifty years ago, when our patients were bled, cupped, leeches, purged, starved? Or, is it that which succeeded it: when all these depletive measures were abandoned, and they were gorged with food, and stimulated with wine, brandy, and rum, till the outcome of this scientific treatment had culminated in the manufacture of a legion of drunkards? Or, is it that towards which we are travelling at the present day, when both the former systems are decried; and we are taught that safety can only be secured by abandoning the one and the other, and adopting the practice of total abstinence from all alcoholic liquors?

If then, we have changed our principles of treatment, surely homœopathic paths are not to be denounced, and stigmatised as dishonest, because they have modified theirs.

Between the best practitioners of the homœopathic school and ourselves, there is really little difference, as, indeed, is proved by the case referred to by Dr. Markham, in his letter published in your issue of the 23rd ultimo. Let us, then, look this matter fairly in the face; and ask ourselves, whether the time has not arrived when we should review our position with relation to homœopathy—whether it would not be a gain to both parties that some understanding should be come to; and, while we cannot but acknowledge that, as regards the past, error has been committed on both sides, let us also admit that good has resulted from the conflict. As members of a profession which boasts of being liberal, and by courtesy is styled such, let us prove our title to it by our acts; and cease to hold that attitude of hostility towards the practitioners of homœopathy, which, say and think what we will, is regarded by the outside public as merely a phase of trade-unionism.

The mere fact that homœopathy still survives, spite of unceasing persecution and ridicule, and not only survives, but flourishes, is *prima facie* evidence of there being something more in it than we are aware of, or are willing to admit; and many facts, bearing on the doctrine of similars, and on the potency of minute quantities, have recently been brought to light, which go to strengthen rather than weaken the Hahnemannian doctrine.* I think, then, the time has come when, both on ethical and scientific grounds, we should take up the question anew; and, with all deference, I would submit that, if a homœopath is properly qualified, and practises his profession honourably and to the best of his ability, the onus rests with us to show why we should not meet him in consultation.—Yours obediently,

London, May 2nd, 1881.

C. HOLTHOUSE.

SIR,—Without entering into the merits of the question raised by Dr. Markham on the earlier cases quoted by him (whose parallelism to the later case appears to me to be destroyed by the exceptions he himself makes), I cannot but think the whole argument turns upon the point as to what constitutes a medical consultation.

Homœopathy, in the eyes of all good men and true, is a thing as much outside legitimate medicine as astrology, alchemy, or the Brunoian system. The "gibberish," as Dr. Johnson called it, by which such theories were represented, is a term equally applicable to the phraseology used in support of the modern assumption of "similars". How then, it may be asked, can the physician be said to "consult" with men who have neither language or ideas in common with him?

What Dr. Quain did, in conformity with the advice of friends best able to help him, was to *prove* that Dr. Kidd was not a homœopath. Dr. Kidd's letter positively declared the fact, the first consultation verified it, and the bulletins, which were the result of subsequent consultations, confirmed the honesty and truth of Dr. Kidd's declaration; but, even if Dr. Kidd had turned out to be an inveterate homœopath, it might have been possible to put Dr. Quain honourably in possession of the case. Although the issue was not tried, the power existed of eliminating Dr. Kidd altogether. In such a case, the patient would have to exercise the power.

Your correspondent who signs himself "A Member" asks: "Is an ordinary practitioner justified in refusing aid in a dangerous case of labour, where a homœopathist professed is in attendance?" In answer, let me put a hypothetical illustration. Suppose Mr. Gladstone, in his late serious illness, had been first attacked in a railway-carriage, and that a homœopathic gentleman, travelling in the same carriage, and

calling himself a physician, had been invited to take charge of the case until the Prime Minister could obtain the services of his own physician. What would Dr. Andrew Clark, on arriving at the patient's bedside, have done with the homœopathic gentleman? Assuredly, one of two things must have happened. If the homœopath were honest, and at once confessed his creed, Dr. Clark would simply have ignored him as a medical practitioner. If this revelation were delayed, and the unwelcome truth elicited at a later period, the homœopath would probably have been summarily and ignominiously dismissed. Under either circumstance, professional honour would have been vindicated.—I am, etc.,

HENRY DAYMAN.

Millbrook, Southampton, May 2nd, 1881.

THE NAVAL MEDICAL WARRANT.

SIR,—In reply to your correspondent "A Fleet-Surgeon". I would ask your permission for space to make one or two remarks. My letter was neither "deprecatory nor apologetic in tone", but I recognise such a thing as fair play; and I think the tone that has pervaded the bulk of the correspondence coming from naval medical officers is lacking in this respect. With regard to the existence or otherwise of an examination on entry, I would remark, that the Order in Council of April 1st distinctly mentions, in clause 21, those provisions of former Orders in Council and articles in the regulations which are cancelled by it; and, if your correspondent continues his search, he will find that article 241, Queen's regulations, paragraph A to D inclusive, is thus cancelled, but paragraph E is retained. Let us turn to paragraph E, and we find the following: "He" (that is, the candidate) "must pass such examination, etc., as the Admiralty may from time to time require." I therefore look to see what are the requirements at present in force, and I find them in circular dated 6th of July, 1875, which, as it is not cancelled, must remain in force till it is so.

With regard to rank, will your correspondent turn to clause 6, and he will find the following: "In all matters wherein the army and army administration are concerned, fleet-surgeons to rank with and as brigade-surgeons." I am one of those who hold that the creation of any additional rank, in servile imitation of the army, would have been ruinous to our service; and in this opinion I think the majority of naval medical officers fully concur. The above regulation most fully meets all requirements of the case.

Your correspondent also questions the accuracy of my statement with regard to pay and retirement; this, of course, is not a matter of opinion; and if it is considered how the problem of assimilating the conditions of two services, widely different in many respects, has been solved, I think it will be generally admitted that in this respect the navy has not come worst off, when it is remembered that *all* fleet-surgeons can retire after thirty years' service, or at fifty-five years of age, on £547 10s., which only forty brigade-surgeons, selected from the whole body of surgeons-major, can do.

The real blots have not been hit at all by your correspondent—viz., the absence of anything to compensate naval medical officers for service in such climates as Hong Kong, the West Coast, or India; while the allowances in the army are so liberal. Nor is anything said of the most impolitic conduct of the Admiralty in refusing the Naval Director-General the same increase of salary as was given to the head of the Army Medical Department. In conclusion, I would remark, with all due deference to your correspondent, that the "Order in Council", far from being a conclusive authority, has not touched on two at least of our greatest grievances—the question of cabins and that of duty. One of them has since been settled by circular, whether satisfactorily or otherwise time will show; the latter, I fear, is the more likely; and, if so, I prophesy a complete failure for the whole warrant. The authorities are mistaken if they suppose that increase of pay alone will make the service a popular one: it will do nothing of the sort. The other question—that of the definition of duties—it is hoped will soon be settled; therefore it is that the advent of the circular is looked forward to with much interest.

I must ask forgiveness for the length of this letter, but trust you will be able to give it a place.—Yours, etc.,

May 1881.

MEDICO.

SANITARY OUTRAGES IN IRELAND.

SIR,—I have to thank you for your kindness in inserting my ideas in your issue of the 26th ult., as to the most effectual mode of preventing the recurrence of sanitary outrages, which are continually occurring in Ireland; and since then, I find that some of the leading medical men are supporting the Bill now before Parliament for the purpose of notifying infectious cases of disease to the sanitary authorities. This is no doubt another step towards reform, assuming that the Bill passes. O4

* I refer here to such facts as the recommendation of minute doses of ipecacuanha by Dr. Ringer to relieve sickness; very large doses of quinine by Professor Charcot and M. Menière to relieve the giddiness and singing in the ears in Menière's disease; small doses of pilocarpine by Dr. Murrell to check the sweating of phthisis.